



**ANNUAL REPORT**  
**Of Licensee**  
**Engaged in the Business of Making Regulated Loans**  
**Under the Montana Consumer Loan Act**  
  
**For the Calendar Year Ended December 31, 2006**

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Each licensee is required by Montana law to submit an annual report of its operations (32-5-308, MCA). Please complete this report according to the attached instructions. Be sure to report only information pertaining to business conducted under the Montana Consumer Loan Act.

**Important:** The report must be filed before **April 15, 2007**. Failure to submit a report on time or in the required format will cause the Department to begin proceedings to revoke your license.

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**Return completed reports to:**  
Montana Department of Administration  
Division of Banking and Financial Institutions  
PO Box 200546  
301 South Park, Suite 316  
Helena, MT 59620-0546

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**REPORTING ENTITY**

1. **This is:**
- a. ☐ A report for (**only**) one office licensed by Montana
2. **Name of Licensee** \_\_\_\_\_
3. **License number** \_\_\_\_\_
4. **Address of licensed location** \_\_\_\_\_
5. **Principal line of business (choose one)**
- a. \_\_\_\_\_ Loans of other types
- b. \_\_\_\_\_ Loans secured by real estate
- c. \_\_\_\_\_ Small, short-term loans, whether secured or unsecured
- d. \_\_\_\_\_ Other (explain)
6. **Number of employees in Montana at year-end** \_\_\_\_\_
7. **Name of person preparing this report** \_\_\_\_\_
8. **Phone number of preparer** \_\_\_\_\_
- Fax Number** \_\_\_\_\_
- Email Address** \_\_\_\_\_

# STATEMENT OF INCOME AND EXPENSES

Calendar Year Ending December 31, 2006

## INCOME

Report Only Consumer Loan  
Business in Montana

9. Charges Collected or Earned \_\_\_\_\_
10. Other Income (itemize) \_\_\_\_\_
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
11. **Total Operating Income** \_\_\_\_\_

**EXPENSES** - If any expenses are shared with other business operations, please use your best estimate in allocating that portion of the expense attributable to the title loan business.

12. Advertising \_\_\_\_\_
13. Auditing \_\_\_\_\_
14. Bad Debts: \_\_\_\_\_
- a. Debts Charged Off \_\_\_\_\_
- b. (Deduct) Recoveries \_\_\_\_\_
- c. Additions to Reserve for Bad Debts \_\_\_\_\_
15. Depreciation and Amortization \_\_\_\_\_
16. Insurance and Fidelity Bonds \_\_\_\_\_
17. Legal Fees and Disbursements \_\_\_\_\_
18. Postage, Printing, Stationery and Supplies \_\_\_\_\_
19. Rent, Utilities and Janitorial Services \_\_\_\_\_
20. Salaries of Officers, Owners, Partners and Members \_\_\_\_\_
21. Salaries of all Other Employees \_\_\_\_\_
22. Taxes, Other than Income \_\_\_\_\_
23. License Fees \_\_\_\_\_
24. Telephone and Other Communications \_\_\_\_\_
25. Travel \_\_\_\_\_
26. Supervision and Administration \_\_\_\_\_  
(when not allocated to other items)
27. Other Expenses (itemize) \_\_\_\_\_
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
28. Interest on Borrowed Funds \_\_\_\_\_
- a. Intra-company \_\_\_\_\_
- b. Paid to Others \_\_\_\_\_
29. **Total Expenses Before Income Taxes** \_\_\_\_\_
30. Net Income Before Income Taxes (Line 11 minus Line 29) \_\_\_\_\_
31. Federal Income Taxes \_\_\_\_\_
32. State Income Taxes \_\_\_\_\_
33. **Total Expenses** (Line 29 plus Lines 31 and 32) \_\_\_\_\_
34. **Net Income** (Line 11 minus Line 33) \_\_\_\_\_

## STATEMENT OF ASSETS AND LIABILITIES

	December 31, 2006	December 31, 2005
35. Cash on Hand and in Banks	_____	_____
36. Short-term Investments	_____	_____
37. Loans Receivable:		
a. Gross Receivables	_____	_____
b. Less: Unearned Discount	_____	_____
38. Net Loans Receivable	_____	_____
39. Less: Reserve for Bad Debts	_____	_____
40. Adjusted Loans Receivable	_____	_____
41. <b>Total Liquid and Earning Assets</b>	_____	_____
42. Average Net Receivables Outstanding	_____	_____
43. Average Number of Accounts Outstanding	_____	_____

## DELINQUENCY SUMMARY

	Number	Amount
44. Past Due Accounts - 60 to 89 days	_____	_____
45. Past Due Accounts - 90 or more days	_____	_____
46. <b>Totals</b>	_____	_____
47. Delinquency as a Percent of Gross Outstanding _____		

## LEGAL ACTION

**Note:** Borrowers' Accounts may be listed in more than one of the following classifications

	Number	Amount
48. Suits for Recovery		
a. Instituted During the Period	_____	_____
b. Settled Before Judgment During the Period	_____	_____
49. Possession of Security Obtained by Licensee		
a. Household Goods	_____	_____
b. Vehicles	_____	_____
c. Mobile Homes or Real Estate	_____	_____
d. Other	_____	_____
50. Sales of Security Obtained by Licensee		
a. Number of Sales	_____	
b. Amount Due		_____
c. Amount Collected		_____

# STATEMENT OF LOAN ACTIVITY

## DISTRIBUTION OF REGULATED LOANS MADE DURING THE YEAR

By Size	Number	Amount	
51. \$300 or Less	_____	_____	
52. \$301 to \$500	_____	_____	
53. \$501 to \$1,000	_____	_____	
54. \$1,001 to \$2,500	_____	_____	
55. \$2,501 to \$5,000	_____	_____	
56. \$5,001 to \$10,000	_____	_____	
57. \$10,001 to \$25,000	_____	_____	
58. \$25,001 to \$50,000	_____	_____	
59. \$50,001 to \$100,000	_____	_____	
60. Greater than \$100,000	_____	_____	
61. Advances on Revolving or Open-end Loans	N/A	_____	
62. <b>Totals</b> (must agree with Line 70)	_____	_____	

  

By Principal Type of Security	Number	Amount	<u>Range of interest rates charged</u>
63. Unsecured	_____	_____	_____
64. Co-maker Endorsed or Guaranteed	_____	_____	_____
65. Household Goods	_____	_____	_____
66. Vehicles	_____	_____	_____
67. Mobile Homes	_____	_____	_____
68. Real Estate	_____	_____	_____
69. Other	_____	_____	_____
70. <b>Totals</b> (must agree with Line 62)	_____	_____	_____
71. Total Dollar Volume of Montana Loans		_____	

### AFFIDAVIT

I, \_\_\_\_\_ the undersigned, being the \_\_\_\_\_ of \_\_\_\_\_ swear or affirm that, to the best of my knowledge and belief, the statements contained in this report, including the accompanying schedules and statements, if any, are true and that the same is a true and complete statement in accordance with the law.

Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

by \_\_\_\_\_ known to me to be the person whose signature appears on this document. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_

(SEAL)

\_\_\_\_\_ Notary Public

For the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission expires: \_\_\_\_\_